

EXHIBIT D

Certified True Copy

Certified by: Jamar C. Orr

Jamar C. Orr

Associate General Counsel
Office of Legal Affairs
Chicago State University
9501 S. King Drive

Chicago, IL, 60628
6/28/23

Chicago State University
Admissions and Records
Office of Admissions
Ninety-Fifth Street at King Drive
Chicago, Illinois 60623

Telephone 312/605-2610

August 23, 1977

SEP - 8 1977


Bola A. Tinebub
7345 South Shore Drive Apt. 304
Chicago, Illinois 60649

Dear Mr. Tinebub:

I am pleased to inform you that you have been accepted as a ~~transfer~~ student at Chicago State University for the Fall Trimester, 1977.

Registration for classes will be held September 6 through September 9, 1977. Classes for the Fall Trimester will officially begin on Monday, September 12, 1977. This letter will serve as your authorization to register. It must be presented at the time you are scheduled to register so that you will receive your permit to register.

Enclosed is a copy of your credit evaluation prepared by the Admissions Office. Your credit evaluation reflects the total number of semester hours accepted, based upon the major that you have indicated on your Admissions application. If your credit evaluation is not complete, you should request that the institution you last attended forward a final official transcript to the Admissions Office, F200. When the official transcript has arrived at Chicago State University, you may then make an appointment with an advisor in the Registrar's Office, F123, sometime after classes officially begin.

Prior to registration it is necessary for you to contact the academic advisor of the department in which you are seeking admission and make an appointment for course advisement. A list of the departmental academic advisors is enclosed for your convenience.

In order for you to have more information concerning the registration process, a University Schedule of Classes will be mailed to you. To facilitate your first registration at the University review the registration information carefully. Please refer to the registration schedule that appears on the reverse side of this letter for the time and date of your registration.

A medical report form is enclosed with this acceptance letter. The medical report should be completed by your physician and returned to the University's Health Center, F131, as soon as possible.

May I extend my congratulations on your admission to Chicago State University and wish you well in your academic program. Please return the enclosed post card indicating your acceptance of admission to the University.

Sincerely yours,
James G. Pappa
James G. Pappa
Director of Admissions

certified True Copy
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Jamar C. Orr

Associate General Counsel
Office of Legal Affairs
Chicago State University
ACADEMIC SERVICES
3501 S. King Drive OFFICE OF EVALUATION AND ADVISORSHIP
Chicago, IL, 60628

6/28/23

Date and Time _____
Name Beth A. Tinsley

CONTRACT OF COURSE REQUIREMENTS TO BE COMPLETED

Chicago State University

Page 1 of 1 (Rev. 7-7-73)
See Sec. No. 201 86 1595

Courses To Be Completed (Indicate Dept. and Course No.)	Dr. Mrs. To Be Completed	Courses To Be Completed (Indicate Dept. and Course No.)	Dr. Mrs. To Be Completed
Basic Composition		Basic Communications	
English 121	<u>3</u>	English 219	
English 126		Speech 201 or 203 or 217	
Economics		Major Requirements	
Economics 101		Bus. and Admin. 201	<u>103</u>
Economics 102		Bus. and Admin. 202	<u>Completed Summer 7-78</u>
Economics 201 or 206 or 207	<u>3</u>	Bus. and Admin. 110	<u>105</u>
Social and Natural Sciences		Bus. and Admin. 111	
<i>101 and 201</i>		Bus. and Admin. 138	
<i>201 Psychology</i>		Bus. and Admin. 225	<u>7</u>
<i>Plan for Soc. 201</i>		Bus. and Admin. 230	<u>3</u>
<i>Statistical 103</i>		Bus. and Admin. 250	<u>208</u>
<i>400 405</i>	<u>3</u>	Bus. and Admin. 288	
		Bus. and Admin. 275	
		Bus. and Admin. 200 or 201	
Professional Concentration		Bus. and Admin. 308 or 309	<u>3</u>
<i>211 212 Cost Acc't</i>		Mathematics	
<i>213 Intro Graduate I</i>	<u>3</u>	Mathematics 151	
<i>214 Intro Graduate II</i>	<u>215</u>	Mathematics 152	
<i>215 Tax</i>	<u>3</u>	Mathematics 209	<u>7</u>
<i>216 Adv. Cost</i>	<u>216</u>	Mathematics 214	<u>7</u>
<i>217 Auditing</i>	<u>3</u>	Humanities Fine Arts Electives	
<i>App. Adv. Elec. in 215</i>	<u>3</u>	<i>101</i>	<u>208</u>
Electives			
<i>Plan for Soc. 201</i>	<u>3</u>		

Total Hours Accepted By The Evaluations Office 73Total Hours To Be Completed 92

This document is not official unless it bears the signatures of all parties involved.

Faculty Advisor Signature *Jamar C. Orr*Faculty Advisor Signature *Jamar C. Orr*

Divisional Coordinator of Academic Evaluation and Advisement

(Signature)

Department Chairperson Signature *John M. J. Hall*Student (Signature) *John M. J. Hall*

QUALIFYING EXAMINATIONS

ENGLISH None 3rd YearMATH NoneREADING None

When completed, return this document intact to the appropriate Divisional Coordinator in the Office of Evaluation and Advisement Room F102. White Copy - Evaluations Office Yellow Copy - Advisor Pink Copy - Student DR 2824 8-73 5000